

cess is least certain, for many cases of this type are amenable to no other treatment than the removal of the actual cause of hemorrhage by surgical intervention.)

6. In hemorrhage due to inoperable carcinoma, in which the local application of the remedy has also been used.

7. In dysmenorrhea, when not due to mechanical causes. Because of its double sedative and hemostatic action, this drug is a safe remedy for painful and prolonged menstruation. The sedative action is hardly ever absent, provided the remedy be given in sufficient doses, two tablets three to four times a day.

8. In hematuria—bleeding from the genito-urinary tract.

Abel, in closing his paper, published in *Berliner klinische Wochenschrift*, 1905, No. 24, summarizes as follows: "I believe that in the neutral phthalate of cotarnin, styptol,* we have gained a preparation which surpasses all former hemostatics employed in gynecology, provided the indications and dosage are right, whether administered internally, locally, or by a combination of both methods. Here I should like to mention once more that the remedy possesses a pronounced sedative effect, which makes it especially valuable in gynecological practice." He quotes Freudenberg,⁷ who is of the opinion that styptol cannot always replace ergotin; on the other hand Prof. Toff⁸ observes that ergotin and powdered ergot have often proved unsuccessful, while styptol has always shown a reliable hemostatic effect. He even believes the time is not far distant when ergot preparations will lose their reputation, just as they have long ago been given up as abortifacients, for which they were used for decades. Weissbart⁹ praises the action of the drug in climacteric and reflex hemorrhages, endometritis, subinvolution of the womb after parturition and miscarriage, and hemorrhage during pregnancy. Styptol never causes uterine contractions nor labor pains, an observation made by Freudenberg¹⁰ which is in perfect accord with other German authors.

More than two years ago my attention was first drawn to this drug, as a remedy for the control of uterine hemorrhage. During that time I had occasion to observe its therapeutic action both in private and dispensary practice. My service, in one of the largest clinics for the diseases of women in the city of New York, has given me exceptional advantages for the study of this drug. I believe, as is claimed by the German clinicians, that the special action of the drug is principally on the capillary circulation, and that it has the power of contracting these dilated blood-vessels, in this way cutting short local congestion.

I have clinically tested the therapeutic properties of cotarnin

* Styptol has been approved by the Council of Chemistry and Pharmacy of the American Medical Association.